

Best Available Copy

CLAIMS ONLY						Application Number 10/839190	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
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34		1					
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38		1					
39							
40							
41							
42	1						
43		1					
44							
45		1					
46							
47		1					
48							
49							
50							
Total Indep	8						
Total Depend	37	1	1	1	1	1	
Total Claims	45						